

Access DB# 95118

SEARCH REQUEST FORM

Scientific and Technical Information Center

Requester's Full Name: William Matthews Examiner #: 78879 Date: 5/27/03
Art Unit: 3738 Phone Number 305 0316 Serial Number: 10/039066
Mail Box and Bldg/Room Location: ~~B-2728~~ CP2 2808 Results Format Preferred (circle): PAPER DISK E-MAIL

If more than one search is submitted, please prioritize searches in order of need.

Please provide a detailed statement of the search topic, and describe as specifically as possible the subject matter to be searched. Include the elected species or structures, keywords, synonyms, acronyms, and registry numbers, and combine with the concept or utility of the invention. Define any terms that may have a special meaning. Give examples or relevant citations, authors, etc, if known. Please attach a copy of the cover sheet, pertinent claims, and abstract.

Title of Invention: Cosmetic Surgery Preview SystemInventors (please provide full names): John M. ShamounEarliest Priority Filing Date: 1/8/01

For Sequence Searches Only Please include all pertinent information (parent, child, divisional, or issued patent numbers) along with the appropriate serial number.

See attached claims 1-20

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Type of Search

Vendors and cost where applicable

Searcher: <u>Julie Walker Julie Walker</u>	Sequence (#)	STN
Searcher Phone #: <u>305-8587</u>	AA Sequence (#)	Dialog <u>✓</u>
Searcher Location: <u>CP2-2808</u>	Structure (#)	Questel/Orbit
Date Searcher Picked Up: <u>5/28/03</u>	Bibliographic <u>✓</u>	Dr. Link
Date Completed: <u>5/28/03</u>	Litigation	Lexis/Nexis
Searcher Prep & Review Time: <u>34m</u>	Fulltext <u>✓</u>	Sequence Systems
Clerical Prep Time:	Patent Family	WWW/Internet <u>✓</u>
Online Time: <u>36m</u>	Other	Other (specify)

Section III

DISPOSITION BY DISPUTE RESOLUTION PANEL

This is a Final Disposition


Date: 5/14/02

Panel Decision: Forward to Technology Center / Art Unit 3738:

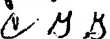
Class/Sub: 128/898

Case 10/039066, "Cosmetic surgery preview system" came to an impasse and was consider by the Post Resolution Panel. Upon review (considering claims, class definitions and prior art references), the Post Resolution Panel has decided the case is classified in Class 128, Subclass 898.


Panel Members:

Bob Craig 

Joe Falk 

Carmen Gray 

Yen Nguyen 

John Salotto 

2 **Health care management (e.g., record management, ICDA billing):**

This subclass is indented under subclass 1.

Subject matter drawn to a computer implemented system or method particularly adapted for a health care management or delivery organization.

- (1) Note. The terms "medical" and "health care" are intended to cover all type of treatment or diagnosis of the human body, such as dentistry, podiatry, pharmaceuticals, etc.
- (2) Note. The term "particularly adapted" refers to having an element peculiar to a health care system. Incidental use of a business arrangement of general utility, in a health care environment will not be classified in this or its indented subclasses.
- (3) Note. Billing systems based on entered medical codes, for example, ICDA codes (International Classification of Diseases Abstracted), are included herein.

OTHER CLASSIFICATION SYSTEMS:

ECLA G06F 17 /60A, f

3 Patient record management:

This subclass is indented under subclass 2.

Subject matter wherein the system processes the records of diagnosis or treatment of a patient.

- (1) Note. Included herein is processing the records of diagnosis or treatment as contrasted to processing information to obtain the diagnosis or treatment, which processing is classified elsewhere.

OTHER CLASSIFICATION SYSTEMS:

DERWENT S05-G02G1, for patient s medical records.

102(2)
1-6, 8, 9, 15, 17, 20
A selection
these are procedures
may be co-
to be pr
103
14, 10-12, 19
m/c, measurement
selective
procedures
? 13, 7
Breast
16
All ok, sh
picks
18

DIALOG(R) File 442:AMA Journals
(c)2003 Amer Med Assn -FARS/DARS apply. All rts. reserv.

00046263

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***Analysis* of *Patient* *Response* to *Preoperative* Computerized Video Imaging** (PAPERS READ BEFORE THE AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, WASHINGTON, DC, SEPTEMBER 23-28, 1988)

THOMAS, J. REGAN; FREEMAN, M. SEAN; REMMLER, DANIEL J.; EHLERT, TAMARA K.

Archives of Otolaryngology

July, 1989; 115: 793-796 1989;

LINE COUNT: 00167

WORD COUNT: 02311

ISSN: 0003-9977

CORPORATE SOURCE: Accepted for publication March 3, 1989. From the Department of Otolaryngology, Washington University School of Medicine, St Louis, Mo (Drs Thomas and Ehlert). Drs Freeman and Remmler are in private practice in Charlotte, NC, and Kansas City, Mo, respectively. Presented in part at the annual fall meeting of the American Academy of Facial Plastic and Reconstructive Surgery, Washington, DC, September 24, 1988. Reprints not available.

ABSTRACT: Preoperative computer-assisted video imaging was performed on 50 consecutive rhinoplasty candidates, along with routine preoperative photographs and assessment. Each patient then completed a questionnaire dealing with the imaging process. Patient acceptance of the imaging process was excellent. Responses indicated that most patients felt that video imaging improved communication between patient and surgeon, increased patient confidence in surgery and surgeon, and enhanced the patient-physician relationship. The future use of computer-assisted video imaging in teaching, preoperative planning, and improved postoperative patient satisfaction is discussed.

Preoperative photographs, using standard views, have long been used by rhinoplastic surgeons, both for surgical planning and as the basis for discussion with patients concerning surgical goals and realistic expectations of postoperative outcome.

Undoubtedly, still photographs offer certain advantages when used for these purposes. They are easily obtained, reproduced, and stored. They allow for uniformity in the documentation and reporting of surgical outcomes. Finally, to obtain still photographs, little special expertise or expensive equipment is required. (Ref. 1)

However, unless a Polaroid-type camera is used, developing these photographs takes a minimum of several hours and, therefore, may necessitate a second visit by the patient for review and discussion. Also, even when adjustments have been "drawn on" by the surgeon, it is difficult for most patients to imagine what they might look like postoperatively. This causes added anxiety for some patients and can frustrate a surgeon who wishes to convey adequately to a patient what is and is not a realistic surgical goal.

In years past, surgeons tried to circumvent these problems by using large-scale slide-projected images, xeroradiograms, (Ref. 2) facial mouldages, artistic renderings, and cephalometric calculations. In recent years, however, the advent of microcomputers has made it possible to present the patient's image on a video screen, to alter it as the patient watches, and to store the original and modified images on microdiscs for later reference. This process has been demonstrated on widely viewed talk shows and news programs, and consumer awareness of the procedure is increasing. It is, however, still a new modality and one whose applications

are only now in the process of being discovered and evaluated.

Many patients, on seeking consultation with a facial plastic surgeon, are already aware of the video imaging process. Those who are not usually have had some exposure to the use of computers and are intrigued by the opportunity to see a computer used for this purpose. In our practice, when given the option of a video imaging session, most patients are eager to participate and, although it has been our opinion that this is a helpful modality for both patients and surgeons, we undertook the following study to answer several questions: Would the use of computer-assisted video imaging be considered impersonal by the patient? Would the imaging process enhance or detract from the physician-patient relationship? How would the patient react to his or her image both before and after modification? Would the imaging session facilitate discussion and planning and increase the patient's confidence in pursuing surgery, or would it make this more difficult? Finally, would this help us to clarify the role of computer-assisted imaging in our cosmetic surgery practice?

PATIENTS AND METHODS

Between November 1987 and July 1988, 50 consecutive rhinoplasty candidates underwent routine preoperative assessment, with the additional option of participating in a computerized video imaging session. The patient sample consisted of 8 males and 42 females aged 15 to 63 years, with a median age of 29 years. All 50 patients subsequently went on to have rhinoplastic surgery.

Each patient was first interviewed, with inquiries made into medical history and reasons for pursuing cosmetic surgery. A discussion of desired and realistic surgical goals was also undertaken. A nasal examination was performed and standard prerhinoplasty photographs were taken. Each patient then participated in a computerized video imaging session, which was followed by a discussion with the surgeon of the video imaging results, any modification in goals, and, again, realistic expectations of what could and could not be achieved surgically.

The video imaging setup consisted of a camera, computer, display monitor, and digitizing tablet with a stylus for image modification (Fig 1). A color video camera (Canon VC-40) with an autofocus zoom lens was used to present the patient image to the computer. The remainder of the imaging setup -- computer, monitor, and digitizing tablet -- was part of a personal graphics system (Inovian Personal Graphics System, United Digital Systems Inc, Atlanta, Ga). The first component was a dedicated computer system designed specifically for graphics and image processing. This offered the advantage of requiring no keyboard and the use of a single monitor to display both the patient image and the computer menu. The monitor was an analog red-blue-green monitor that processed the signal for each of those colors separately, providing a bright, accurate picture. A 19-inch monitor (Sony PVM-1910) was used that allowed simultaneous display of before and after images on a one-to-one scale. The final component was a digitizing tablet, or "electronic sketch pad," used with a magnetic stylus to communicate with the computer. (Ref. 3) This allowed capture, modification, and storage of the patient's image.

During the imaging session, the patient's image was first captured. The patient was placed in the left profile position against a solid pastel-blue background, and the lighting was adjusted to provide appropriate contrast. The camera was then positioned to frame the patient on the monitor screen, and the proper computer function was activated, which allowed the image to be encoded into the computer memory.

Once stored, the image was modified using the digitizing tablet and stylus to demonstrate to the patient the proposed profile alterations. These consisted of various airbrush and color averaging techniques that were easily viewed on the monitor screen by the patient as they were performed.

During modification, the patient's image was temporarily stored in the

computer's random-access memory. From here, it was loaded onto a 3.5-inch microdisc for permanent storage and retrieval. Following the video imaging session and discussion with the surgeon each patient was asked to complete an 18-question survey. This questionnaire is presented in the Table, along with the tabulated responses.

Original Postimaging Survey With Patient Response (SEE ORIGINAL SOURCE)

RESULTS

For the purpose of discussion, the survey questions have been grouped into six categories. On the actual survey, the questions were randomized to prevent patient bias in responding. Each of the question categories will be discussed separately.

Computer Comfort Level

All 50 patients (100%) welcomed the opportunity to augment their preoperative evaluation using computer-assisted video imaging. Only 2 patients (4%) reported being intimidated by the computer process, and 1 patient (2%) was not pleased with use of the computer in the evaluation. Four patients (8%) were unsure of their reaction. Forty-five patients (90%) however, were encouraged by the use of computer imaging, and 47 (94%) denied being intimidated by this process.

Reactions to Image

A similar number of patients were surprised at their premodification image as it appeared on the monitor as were not (21 vs 27 patients). However, 30 (60%) were surprised at their postmodification appearance, and 4 (8%) were unsure of their reaction. Forty-six patients (92%) thought they were better able to visualize their possible postoperative appearance after computer imaging, while 3 patients (6%) were undecided and 1 patient (2%) felt that the computer imaging had made no difference.

Communication

Forty-four (88%) of the patients surveyed felt that they were better able to communicate their expectations using the computer generated image. One patient (2%) thought that the computer imaging process had helped her to decide against a previously desired surgical change, while 14 (28%) felt that the process led them to consider additional changes not considered previously. A similar number (15) stated that the process led them to modify the surgical changes that they originally had felt were necessary.

Confidence Level

Forty-six (92%) of the patients studied were pleased with the proposed surgical changes that the modified image represented and stated that the imaging process left them feeling more comfortable with the prospect of cosmetic surgery. Forty-two (84%) were more confident of their surgeon's judgment after participating in the computer imaging session and felt better about committing to a cosmetic surgery procedure.

Patient-Physician Relationship

Not one patient felt that the physician-patient relationship had been compromised by the imaging process, and 44 (88%) felt that it had, in fact, been enhanced by the exercise.

Role of Computer Imaging

Forty-six (92%) of the patients felt that computer-assisted imaging should be a routine part of the preoperative cosmetic surgical evaluation. Twenty (40%) stated that they would no longer be comfortable having cosmetic surgery without first seeing the planned result using a computer-assisted image. Ten (20%) did not think that imaging would be

necessary for them prior to additional procedures, and 20 (40%) were undecided.

COMMENT

Computer-assisted video imaging is a new technique and one without a fully defined role in the realm of cosmetic surgery. It is, however, receiving exposure in the lay press and on television, and, already, patients are requesting the use of this modality when consulting facial plastic surgeons.

The decision to alter one's appearance by submitting to a surgical procedure is a difficult one and is not entered into lightly by most patients. It is critical that the patients feel that their reasons for seeking surgery and their expectations of the procedure are understood by the surgeon. It is equally as important for the surgeon to feel that a patient is aware of what can realistically be accomplished by the surgery and what modifications will be necessary for both parties to meet their mutual goal of an improved patient appearance. Computer-assisted video imaging appears to be a tool that can be utilized by both surgeon and patient to improve communication of this vital information.

The present study indicates that patient acceptance of computer imaging is high. And, rather than detracting from the physician-patient relationship, many patients feel that computer imaging allowed this relationship to be enhanced.

The results just outlined also indicate that by using computer-assisted imaging, many patients were able to see themselves in a way they had not before and were better able to visualize what changes in their appearance would result from facial cosmetic surgery. After discussion with the surgeon and the use of computer imaging, most patients felt that they could better clarify what changes they desired and could more easily visualize what could realistically be expected from surgery. The ability to "see" what surgery could do increased most patients' confidence in their decision to undergo elective surgery and made them more comfortable with their surgeon's judgment concerning changes in their appearance.

Many patients indicated that they would like computer imaging to be used if they were to consider undergoing further facial cosmetic surgery. The present technology, with its two-dimensional images, would make production of a realistic postoperative image difficult for many cosmetic procedures. The fact that patients find video imaging desirable, however, indicates that the use of this modality, when possible, is probably advantageous. Advances in graphics systems may also make imaging of a variety of procedures more feasible in the future. Some physicians may wish to have their patients sign a disclaimer noting that the final surgical results may not be the same as the computerized image. Individual legal counsel is advised to best decide as to the wording or appropriate use of this type of document.

The present study raises questions as to the broadening role of computer imaging in facial cosmetic surgery. Although we do not mean to suggest that imaging could take the place of preoperative photographic analysis and surgical planning, one wonders if it might not prove to be a useful tool in that endeavor. Computer graphics are already being used to teach the principles of rhinoplasty, (Ref. 4,5) and as computer graphics systems become more sophisticated, this may become an evermore useful tool in the learning process.

Another question raised by this study is whether the use of video imaging in preoperative evaluation enhances patient satisfaction postoperatively by eliminating some of the mystery involved in cosmetic surgery. If it does indeed make the patient feel better prepared for the resultant changes and more confident in the decision to pursue surgery, it may be possible that the patient would also be happier with the outcome. We are currently beginning the investigation of both of these questions and

are encouraged by the reaction of patients thus far in their acceptance and understanding of the use of video imaging as part of their facial cosmetic surgery experience.

CITED REFERENCES:

1. Thomas JR, Tardy ME, Przekop H. Uniform photographic documentation in facial plastic surgery. Otolaryngol Clin North Am. 1980;13:367-381.
2. Furnas DW. Precision nasal profileplasty with life-sized slide projections, calibrated xerograms, and intraoperative measurements. Clin Plast Surg. 1987;14:631-637.
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4. Constantian MB, Ehrenpreis C, Sheen JH. The expert teaching system: a new method for learning rhinoplasty using interactive computer graphics. Plast Reconstr Surg. 1987;79:278-283.
5. Constantian MB. Interactive computer graphics: a new technology to improve judgment in rhinoplasty. Clin Plast Surg. 1987;14:623-630.

198907

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Inventor
Search

1/5/1 (Item 1 from file: 350)
DIALOG(R)File 350:Derwent WPIX
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014844976 **Image available**
WPI Acc No: 2002-665682/200271
XRPX Acc No: N02-526650

Cosmetic surgery preview provision method involves receiving answer for
at least one question regarding body of patient, based on which preview
regarding potential effects of surgery is provided to patient

Patent Assignee: SHAMOUN J M (SHAM-I)

Inventor: SHAMOUN J M

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 20020092534	A1	20020718	US 2001260510	A	20010108	200271 B
			US 200239066	A	20020104	

Priority Applications (No Type Date): US 2001260510 P 20010108; US
200239066 A 20020104

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
US 20020092534	A1		11	A61B-019/00	Provisional application US 2001260510

Abstract (Basic): US 20020092534 A1

NOVELTY - A cosmetic surgery procedure is selected from several
surgery categories. At least one question regarding the body of the
patient is asked through the network, which is answered by the patients
based on which the potential effects that is to occur on the patient's
body by performing the selected surgery procedure is provided as a
preview

USE - For providing a preview regarding potential effects of
surgery through Internet.

ADVANTAGE - Since the preview regarding the potential effects of
the surgery is provided as a preview, the surgery procedure that is
required is chosen easily and efficiently.

DESCRIPTION OF DRAWING(S) - The figure shows the front view of a
woman's breast.

pp; 11 DwgNo 1/2

Title Terms: COSMETIC; SURGICAL; PREVIEW; PROVISION; METHOD; RECEIVE;
ANSWER; ONE; QUESTION; BODY; PATIENT; BASED; PREVIEW; POTENTIAL; EFFECT;
SURGICAL; PATIENT

Derwent Class: P31; S05; T01

International Patent Class (Main): A61B-019/00

File Segment: EPI; EngPI

Set	Items	Description
S1	1	AU='SHAMOUN J M'
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File 347:JAPIO Oct 1976-2003/Jan(Updated 030506)		
		(c) 2003 JPO & JAPIO
File 348:EUROPEAN PATENTS 1978-2003/May W03		
		(c) 2003 European Patent Office
File 349:PCT FULLTEXT 1979-2002/UB=20030522,UT=20030515		
		(c) 2003 WIPO/Univentio
File 350:Derwent WPIX 1963-2003/UD,UM &UP=200333		
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File 371:French Patents 1961-2002/BOPI 200209		
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Patents*

7/5/1 (Item 1 from file: 350)
DIALOG(R) File 350:Derwent WPIX
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014844976 **Image available**
WPI Acc No: 2002-665682/200271
XRPX Acc No: N02-526650

Cosmetic surgery preview provision method involves receiving answer
for at least one question regarding body of patient, based on which
preview regarding potential effects of surgery is provided to patient

Patent Assignee: SHAMOUN J M (SHAM-I)

Inventor: SHAMOUN J M

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 20020092534	A1	20020718	US 2001260510	A	20010108	200271 B
			US 200239066	A	20020104	

*the
Patent*

Priority Applications (No Type Date): US 2001260510 P 20010108; US
200239066 A 20020104

Patent Details:

Patent No	Kind	Lan Pg	Main IPC	Filing Notes
US 20020092534	A1	11	A61B-019/00	Provisional application US 2001260510

Abstract (Basic): US 20020092534 A1

NOVELTY - A **cosmetic surgery** procedure is selected from several
surgery categories. At least one **question** regarding the body of the
patient is **asked** through the **network**, which is answered by the
patients based on which the potential effects that is to occur on the
patient's body by performing the selected surgery procedure is provided
as a **preview**

USE - For providing a **preview** regarding potential effects of
surgery through **Internet**.

ADVANTAGE - Since the **preview** regarding the potential effects of
the surgery is provided as a **preview**, the surgery procedure that is
required is chosen easily and efficiently.

DESCRIPTION OF DRAWING(S) - The figure shows the front view of a
woman's breast.

pp; 11 DwgNo 1/2

Title Terms: COSMETIC; SURGICAL; **PREVIEW**; PROVISION; METHOD; RECEIVE;
ANSWER; ONE; **QUESTION**; BODY; PATIENT; BASED; **PREVIEW**; POTENTIAL;
EFFECT; SURGICAL; PATIENT

Derwent Class: P31; S05; T01

International Patent Class (Main): A61B-019/00

File Segment: EPI; EngPI

Set	Items	Description
S1	1186	(COSMETIC? OR PLASTIC?) (2N) SURGER???
S2	35072	QUESTION? OR ASK??? OR QUER??? OR INQUIR???
S3	2378684	NETWORK? OR COMPUTER? OR PC OR DESKTOP? ? OR MICROCOMPUTER? ? OR INTERNET OR ELECTRONIC OR WEB OR WWW OR ONLINE OR ON() L- INE

S4	1294285	IMAGE? ? OR PORTRAIT? ? OR PICTURE? ? OR ILLUSTRAT?
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S5	0	S1 AND S2 AND S3 AND S4
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S6	1295033	S4 OR PREVIEW?
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S7	1	S1 AND S2 AND S3 AND S6
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? show files

File 347:JAPIO Oct 1976-2003/Jan(Updated 030506)

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File 350:Derwent WPIX 1963-2003/UD,UM &UP=200333

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File 371:French Patents 1961-2002/BOPI 200209

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FT Patents

8/5,K/12 (Item 12 from file: 349)
DIALOG(R) File 349:PCT FULLTEXT
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00527754 **Image available**

METHOD AND APPARATUS FOR GENERATING 3D MODELS FROM MEDICAL IMAGES

Patent Applicant/Assignee:

ACUSCAPE INTERNATIONAL INC,
HATCHER David C,
HARRELL William E Jr,
SORENSEN Terry J,
MOSTAFAVI Hassan,
PALM Charles,

Inventor(s):

HATCHER David C,
HARRELL William E Jr,
SORENSEN Terry J,
MOSTAFAVI Hassan,
PALM Charles,

Patent and Priority Information (Country, Number, Date):

Patent: WO 9959106 A1 19991118
Application: WO 99US10566 19990513 (PCT/WO US9910566)
Priority Application: US 9885372 19980513

Designated States: AE AL AM AT AU AZ BA BB BG BR BY CA CH CN CU CZ DE DK EE
ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT
LU LV MD MG MK MN MW MX NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT
UA UG US UZ VN YU ZA ZW GH GM KE LS MW SD SL SZ UG ZW AM AZ BY KG KZ MD
RU TJ TM AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE BF BJ CF
CG CI CM GA GN GW ML MR NE SN TD TG

Main International Patent Class: G06T-015/00

International Patent Class: G06T-017/00; A61B-006/00 ; A61B-006/14

Publication Language: English

English Abstract

A system for relating **images** and generating a 3D model of anatomy is described. This can be accomplished using three modules. A sculptor module (115) is used to spatially relate **images** of a patient. The **images** are generated using a number of different techniques, such as optical and x-ray. The sculptor allows a user to identify the location of different anatomical points in each of the **images**. Thus, a sculptor allows a user to relate different anatomical points to each other in a 3D space and also relate the points to the **images**. The clinician module (125) uses the related points to modify or customize a stock model (e.g., a standard anatomical 3D model). The customized model that is created corresponds to a 3D model of the patient's anatomy.

Detailed Description

Efforts to represent **images** in three-dimensional form go back to the invention of the stereoscope in the 1800...

...and blue 3-D glasses which served as color filters to separate left and right **images**) were briefly popular. With the advent of modem **computer** technology, some companies have engaged in considerable efforts to capture and reproduce three-dimensional information...

...of a patient's anatomy to be performed automatically. The Clinician/Consultant is a database **query** tool that allows for - 5 display

or visualization of the anatomy...

...A third module, called the Executor, is a database that provides overall system file and **image** management and coordinates the Sculptor module and the Clinician/Consultant modules.

The various features of the invention are **illustrated** in the context of an application to Orthodontics. In this application, the stock model is ...

Figure 6 **illustrates** an example method calibrating **images**, generating a patient specific model, and performing analysis from the calibrated **images** and the patient specific model.

Figure 7 through Figure 24 **illustrates** user interfaces for a sculpture application.

Figure 25 through Figure 40 **illustrates** user interfaces for a clinician application.

User - any end user who would normally wish to retrieve information from the World Wide **Web**.

...window 127. The analysis window 127 includes an example analysis 170. The executor 135 includes **image** data 137 and patient model data 139. This paragraph describes how the elements of Figure...

...The sculptor 115 and the clinician/consultant 125 can extract and manipulate information from the **image** data 137 and the patient model data 139 through the executor 135...

...other Time line tracking would allow the evaluation of progress over time. Patient's ALWAYS **ask** "When am I getting my braces off". Accurate 3D evaluation of cooperation and growth or...

Set	Items	Description
S1	2247	(COSMETIC? OR PLASTIC?) (2N) SURGER???
S2	190723	QUESTION? OR ASK??? OR QUER??? OR INQUIR???
S3	587087	NETWORK? OR COMPUTER? OR PC OR DESKTOP? ? OR MICROCOMPUTER? ? OR INTERNET OR ELECTRONIC OR WEB OR WWW OR ONLINE OR ON() L- INE
S4	949481	PREVIEW? OR IMAGE? ? OR PORTRAIT? ? OR PICTURE? ? OR ILLUS- TRAT?
S5	723	S1 AND S2 AND S3 AND S4
S6	19	S5 AND IC=A61B
S7	19	IDPAT (sorted in duplicate/non-duplicate order)
S8	18	IDPAT (primary/non-duplicate records only)
S9	1217	RECONSTRUCT? (2N) (SURGERY OR SURGICAL)
S10	112	S9 AND S2 AND S3 AND S4
S11	14	S10 AND IC=A61B
S12	9	S11 NOT S8
S13	9	IDPAT (sorted in duplicate/non-duplicate order)
S14	9	IDPAT (primary/non-duplicate records only)

? show files

File 348:EUROPEAN PATENTS 1978-2003/May W03

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File 349:PCT FULLTEXT 1979-2002/UB=20030522,UT=20030515

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Biblio
NPL

9/5/1 (Item 1 from file: 5)
DIALOG(R)File 5:BIOSIS Previews(R)
(c) 2003 BIOSIS. All rts. reserv.

12256460 BIOSIS NO.: 200000009962

Use of topical ascorbic acid and its effects on photodamaged skin topography.

AUTHOR: Traikovich Steven S(a)
AUTHOR ADDRESS: (a)19841 N 27th Ave, Suite 303, Phoenix, AZ, 85027**USA
JOURNAL: Archives of Otolaryngology Head & Neck Surgery 125 (10):p
1091-1098 Oct., 1999
ISSN: 0886-4470
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English
SUMMARY LANGUAGE: English

ABSTRACT: Objective: To determine the efficacy of topical ascorbic acid application in treating mild to moderate photodamage of facial skin using an objective, **computer** -assisted **image** analysis of skin surface topography and subjective clinical, photographic, and patient self-appraisal **questionnaires**. Design: A 3-month, randomized, double-blind, vehicle-controlled study. Setting: Facial **plastic surgery** private practice. Patients: Nineteen evaluable volunteer sample patients aged between 36 and 72 years with Fitzpatrick skin types I, II, and III who were in good physical and mental health with mild to moderately photodamaged facial skin were considered for analysis. Intervention: Coded, unmarked medications were randomly assigned to the left and right sides of each subject's face, one containing the active agent, topical ascorbic acid (Cellex-C high-potency serum; Cellex-C International, Toronto, Ontario), the other, the vehicle serum (Cellex-C International). Three drops (0.5 mL) of each formulation were applied daily to the randomly assigned hemifaces over the 3-month study period. Treatment assignments were not disclosed to subjects, clinicians, or personnel involved in analyzing skin replicas. Main Outcome Measures: Specific clinical parameters were evaluated and graded on a 0- to 9-point scale (0, none; 1-3, mild; 4-6, moderate; and 7-9, severe). Reference photographs were used to standardize grading criteria. Overall investigator scores were compared with baseline and graded as excellent (much improved), good (improved), fair (slightly improved), no change, or worse. Patient self-appraisal **questionnaires** rated the degree of improvement (much improved, improved, slightly improved, no change, or worse) and reported adverse effects (burning, stinging, redness, peeling, dryness, discoloration, itching, and rash). Standard photographs were taken at baseline, including anteroposterior and left and right oblique views to facilitate subsequent clinical evaluations, and at the end of therapy for comparison. Optical profilometry analysis was performed on the skin surface replicas of the lateral canthal (crow's feet) region, comparing baseline to end-of-study specimens. Using this **computer** -based system, the resulting **image** was digitally analyzed, and numeric values were assigned to reflect surface features. The parameters obtained included Rz, Ra, and shadows. These values provided objective data that document pretreatment and posttreatment texture changes proportional to the degree of wrinkling, roughness, and other surface irregularities. Results: Optical profilometry **image** analysis demonstrated a statistically significant 73.7% improvement in the Ra and shadows north-south facial axis values with active treatment greater than vehicle control, as well as a trend for improvement in the Rz north-south facial axis parameter, showing a 68.4% greater improvement of active treatment

vs vehicle control. Clinical assessment demonstrated significant improvement with active treatment greater than control for fine wrinkling, tactile roughness, coarse rhytids, skin laxity/tone, sallowness/yellowing, and overall features. Patient **questionnaire** results demonstrated statistically significant improvement overall, active treatment 84.2% greater than control. Photographic assessment demonstrated significant improvement, active treatment 57.9% greater than control. Conclusions: A 3-month daily regimen of topical ascorbic acid provided objective and subjective improvement in photodamaged facial skin. Skin replica optical profilometry is an objective method for quantification of the skin surface texture changes.

REGISTRY NUMBERS: 50-81-7Q: ASCORBIC ACID; 62624-30-0Q: ASCORBIC ACID
DESCRIPTORS:

MAJOR CONCEPTS: Dermatology (Human Medicine, Medical Sciences);
Pharmacology
BIOSYSTEMATIC NAMES: Hominidae--Primates, Mammalia, Vertebrata, Chordata,
Animalia
ORGANISMS: human (Hominidae)--patient
ORGANISMS: PARTS ETC: facial skin--integumentary system
BIOSYSTEMATIC CLASSIFICATION (SUPER TAXA): Animals; Chordates; Humans;
Mammals; Primates; Vertebrates
DISEASES: skin photodamage--integumentary system disease
CHEMICALS & BIOCHEMICALS: Cellex-C {ascorbic acid}--antioxidant,
dermatological-drug, efficacy, topical administration
METHODS & EQUIPMENT: optical profilometry analysis--diagnostic method;
skin surface topography analysis--diagnostic method
CONCEPT CODES:
22002 Pharmacology-General
06502 Radiation-General
18501 Integumentary System-General; Methods
BIOSYSTEMATIC CODES:
86215 Hominidae

9/5/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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The effects of computer simulated facial plastic surgery on social perception by others.
AUTHOR: Stroome J W G; Vuyk H D(a); Wielinga E W J
AUTHOR ADDRESS: (a)Dep. ORL Facial Plastic Surg., Gooi Noord Hosp.,
Rijksstraatweg 1, 1261 AN Blaricum**Netherlands
JOURNAL: Clinical Otolaryngology and Allied Sciences (Oxford) 23 (2):p
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ABSTRACT: Previous studies have demonstrated the remarkable impact of facial **plastic surgery** on the perception of facial features. However, pre- and postoperative differences other than the surgically changed features such as facial expression, hairstyle, make-up etc., have influenced the results of previous studies. To exclude these visual cues a **computer** composite photograph of the changed feature mounted upon the preoperative photograph, instead of the standard postoperative photograph, was presented to observers in this study. **Computer** graphic technology was used to superimpose the postoperative, surgically changed

facial features such as the nose, ear and chin of 16 patients on standardized preoperative photographs. The randomized preoperative photographs and the 'postoperative' composed **images** were presented to 67 subjects, using a person-perception **questionnaire**. Multivariate analysis demonstrated a more favourable postoperative judgement in only two patients (12.5%). The exclusive effect of facial **plastic surgery** on the social perception of patients by others when excluding visual cues, such as facial expression, hairstyle, make-up etc, is limited. It is tentatively assumed that the role played by facial **plastic surgery** is one of initiating a positive cycle by changing the patient's self-perception rather than one of direct social impact from the changed features.

DESCRIPTORS:

MAJOR CONCEPTS: Models and Simulations (Computational Biology); Psychiatry (Human Medicine, Medical Sciences); Surgery (Medical Sciences)

BIOSYSTEMATIC NAMES: Hominidae--Primates, Mammalia, Vertebrata, Chordata, Animalia

ORGANISMS: human (Hominidae)--patient, subject

BIOSYSTEMATIC CLASSIFICATION (SUPER TAXA): Animals; Chordates; Humans; Mammals; Primates; Vertebrates

METHODS & EQUIPMENT: facial **plastic surgery** -- computer simulation, surgical method, therapeutic method; multivariate analysis--assessment method; person-perception **questionnaire** --survey method

MISCELLANEOUS TERMS: **computer** graphic technology; postoperative photographs; preoperative photographs; social perception; visual cues--facial expression, hairstyle, make-up

CONCEPT CODES:

21001 Psychiatry-General; Medical Psychology and Sociology

04500 Mathematical Biology and Statistical Methods

BIOSYSTEMATIC CODES:

86215 Hominidae

9/5/17 (Item 4 from file: 94)

DIALOG(R)File 94:JICST-EPlus

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Our Practice of Informed Consent.

MURAOKA MICHINARI (1); NAKAGAWA KOICHI (1); YOSHIOKA NOBUTAKA (1); YABE TETSUJI (1); KAMO RIEI (1); HYODO TETSUHIRO (1); HARAOKA GOICHI (1); TAJIMA TOSHIHIKO (1); PAK Y (1)

(1) Osaka City Univ., Med. Sch.

Minamiosaka Byoin Igaku Zasshi(Medical Journal of Minami Osaka Hospital), 1995, VOL.43,NO.1, PAGE.1-8, FIG.5, TBL.1, REF.4

JOURNAL NUMBER: F0117AAC ISSN NO: 0540-1259 CODEN: MOBZA

UNIVERSAL DECIMAL CLASSIFICATION: 617-071

LANGUAGE: Japanese COUNTRY OF PUBLICATION: Japan

DOCUMENT TYPE: Journal

ARTICLE TYPE: Original paper

MEDIA TYPE: Printed Publication

ABSTRACT: The informed consent (this is translated into a patient's consent of his own free will after disclosure of enough information) is a legal concept which has developed in the United States. The medical attendant not only requests his patient to content of medical treatment and giving an enough explanation for him to understand through the process of enough discussion. It is the thoughtful communications and the mutual trust between a person and others to support the informed

consent. I think that the explanation can be repeated many times more than enough, including what the treatment might cause, whether there might be alternative methods, whether the dissent would be undergone, though naturally it is difficult for the patient to understand completely the medical explanation. At present, the medical attendant explains and offers many pieces of knowledge to his patient using mainly some pamphlets and some supplemental photographs, answers the **questions**, communicates with him, and has many discussions. The kinds of the pamphlets for this informed consent amount to 84. At the current year we have introduced video tapes by disease, **images** by **computer** and recording tapes, to promote the informed consent. (author abst.).

DESCRIPTORS: **plastic surgery** (technique); pamphlet; communication; physician; patient; human(primates); informed consent

BROADER DESCRIPTORS: operative surgery; publications; resource(document); medical worker; job classified employee; worker; human(sociology)

CLASSIFICATION CODE(S): GC07013T

Set	Items	Description
S1	179384	(COSMETIC? OR PLASTIC? OR RECONSTRUCT?) (2N) (SURGERY OR SURGICAL?)
S2	1818702	QUESTION? OR ASK??? OR QUER??? OR INQUIR???
S3	7726242	NETWORK? OR COMPUTER? OR PC OR DESKTOP? ? OR MICROCOMPUTER? ? OR INTERNET OR ELECTRONIC OR WEB OR WWW OR ONLINE OR ON()LINE
S4	3212864	PREVIEW? OR IMAGE? ? OR PORTRAIT? ? OR PICTURE? ? OR ILLUSTRAT?
S5	41	S1 AND S2 AND S3 AND S4
S6	30	RD (unique items)
S7	25	S6 NOT PY>2001
S8	25	S7 NOT PD>20010108
S9	25	RD (unique items)

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